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APPLICANTS

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** CONTINUING DATA ***** *24*

** FOREIGN APPLICATIONS ***** *RB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Robert M. Burk</i> Examiner's Signature	<i>RB</i> Initials			

ADDRESS

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TITLE

Novel prostamides for the treatment of glaucoma and related diseases

FILING FEE RECEIVED 1198	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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